

## Expected Practices

Specialty: Hematology

Subject: Venous Thromboembolism (VTE) and Pulmonary Embolism (PE)

Date: March 10, 2014

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**Purpose:** Assistance with Management of VTE and PE

**Target Audience:** Primary Care Providers and Specialists

**Expected Practice:**

### **Venous Thromboembolism**

The following issues should be considered when a patient with a first idiopathic VTE has received at least three months of anticoagulation with warfarin at the recommended INR of 2.0 to 3.0.

The patient should be informed of the estimated incidence of VTE recurrence for the following scenarios:

- All anticoagulation stopped: 7.2 to 8.4 episodes per 100 patient-years in the PREVENT and THRIVE III trials)
- Switching to treatment with low-dose aspirin (100 mg/day): 4.8 percent per year in the ASPIRE study
- Continued therapy with lower dose warfarin (goal INR 1.5 to 2.0): 1.9 to 2.6 episodes per 100 patient-years in the ELATE and PREVENT trials)
- Continued therapy with usual dose warfarin (goal INR 2.0 to 3.0): 0.7 episodes per 100 patient-years in the ELATE trial)

*This Expected Practice was developed by a DHS Specialty-Primary Care Work Group to fulfill the DHS mission to ensure access to high-quality, patient-centered, and cost-effective health care. SPC Work Groups, composed of specialist and primary care provider representatives from across LA County DHS, are guided by 1) real-life practice conditions at our facilities, 2) available clinical evidence, and 3) the principle that we must provide equitable care for the entire population that LA County DHS is responsible for, not just those that appear in front of us. It is recognized that in individual situations a provider's clinical judgment may vary from this Expected Practice, but in such cases compelling documentation for the exception should be provided in the medical record.*

## **Pulmonary Embolism**

Provoked: For patients with reversible risk factors (e.g. surgery, trauma, immobilization), anticoagulation should be continued for 6 months.

Unprovoked: Anticoagulation should be continued for 6 months and then reassess whether anticoagulation should be continued (life threatening event, decreased mobility, presence of active malignancy, coronary artery disease, antiphospholipid antibody syndrome).

Extrapolating from the above referenced VTE trials should anticoagulation be stopped (elderly patients, high bleeding risk), consider de-escalation with lower target INR or changing to aspirin therapy.

If repeat imaging shows that the DVT/PE has cleared, check D-dimer prior to discontinuation of anticoagulation:

- If normal D-dimer: stop anticoagulation and repeat D-dimer in 4 weeks. If d-dimer remains normal, continue off anticoagulation.
- If D-dimer elevated, repeat d-dimer at 4 weeks, consider continuing anticoagulation and submit eConsult.